

**STATE OF DELAWARE**  
**HISTORIC PRESERVATION TAX CREDIT APPLICATION**  
**PART 1 – CERTIFICATION OF HISTORIC PROPERTY**

**DE SHPO OFFICE USE ONLY**

NPS No. (if applicable):

**DE SHPO OFFICE USE ONLY**

Project No:

**Instructions:** Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets providing property name and address at the top of each sheet.

**1. NAME OF PROPERTY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Historic District: \_\_\_\_\_

☐ National Register (NR) historic district ☐ Historic district designated under local ordinance

If located in an NR Property which has multiple buildings,  
indicate name of National Register listing: \_\_\_\_\_

**2. NATURE OF REQUEST:**

I hereby request Certification that the building indicated above:

☐ contributes to the significance of the above-named historic district.

☐ contributes to the significance of the above-named National Register listed property.

☐ is a locally-designated landmark building which is individually eligible for listing in the National Register of Historic Places

**3. PROJECT CONTACT:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

**4. APPLICANT:**

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I fall into one of the categories below, as marked below.

☐ Owner of Record

☐ Lessee with a remaining lease exceeding five (5) years (attach a copy of the lease and a letter from the owner indicating knowledge of the intent to apply)

☐ Resident Curator having life tenancy in the property under an agreement with the owner (attach a copy of the tenancy agreement with the owner)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Social Security or Taxpayer Identification No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

**DE SHPO Office Use Only**

The Delaware State Historic Preservation Officer has reviewed the *Historic Preservation Tax Credit Application, Part 1 – Certification of Historic Property* for the above-named property and hereby determines that the property:

☐ Contributes to the significance of the above-named district and is a Certified Historic Property under the Delaware Historic Preservation Tax Credit Program.

☐ Contributes to the significance of the above-named National Register listed property and is a Certified Historic Property under the Delaware Historic Preservation Tax Credit Program.

☐ Meets the National Register Criteria for Evaluation and is a Certified Historic Property under Delaware Historic Preservation Tax Credit Program.

☐ Does not qualify as a Certified Historic Property under the Delaware Historic Preservation Tax Credit Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Delaware State Historic Preservation Officer

\_\_\_\_\_  
DE SHPO Reviewer/Telephone No.

☐ See Attachments

**STATE OF DELAWARE  
HISTORIC PRESERVATION TAX CREDIT APPLICATION  
PART 1**

\_\_\_\_\_  
Property Name

**DE SHPO OFFICE USE ONLY**

Project Number: \_\_\_\_\_

\_\_\_\_\_  
Property Address

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**5. DESCRIPTION OF PHYSICAL APPEARANCE:**

Date of Construction: \_\_\_\_\_ Source of Information: \_\_\_\_\_

Date(s) of Alteration(s): \_\_\_\_\_

Has building been moved?    ☐ yes    ☐ no    If so, when and from where? \_\_\_\_\_

**6. STATEMENT OF SIGNIFICANCE:**

**7. PHOTOGRAPHS AND MAPS:**

Attach photographs and maps to application.

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Continuation sheets attached:    ☐ yes    ☐ no